

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>PM</i>	70385	
O.I.P.E. CLASSIFIER	<i>PM</i>	<i>PM</i>	<i>PM</i>
FORMALITY REVIEW		<i>PM</i>	<i>PM</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	4-17-01
2	✓	✓	5-22-01
3	✓	✓	6-27-01
4	✓	✓	10-24-01
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
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31	✓	✓	
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33	✓	✓	
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41	✓	✓	
42	✓	✓	
43	✓	✓	
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46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	4-17-01
52	✓	✓	5-22-01
53	✓	✓	6-27-01
54	✓	✓	10-24-01
55	✓	✓	
56	✓	✓	
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97	✓	✓	
98	✓	✓	
99	✓	✓	
100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	4-17-01
102	✓	✓	5-22-01
103	✓	✓	6-27-01
104	✓	✓	10-24-01
105	✓	✓	
106	✓	✓	
107	✓	✓	
108	✓	✓	
109	✓	✓	
110	✓	✓	
111	✓	✓	
112	✓	✓	
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141	✓	✓	
142	✓	✓	
143	✓	✓	
144	✓	✓	
145	✓	✓	
146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions
staple additional sheet here

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